

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000209

STATE FILE NUMBER

Registration District No. 38

Primary Registration District No. 3056

Registrar's No. 84

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6169

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED FEB 11 1963

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 24 Years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS (If outside, give location) 2109 Valley View Drive	
3. NAME OF DECEASED (Type or print) First Middle Last HORACE EDWARD ALLEN		4. DATE OF DEATH Month Day Year February 3, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-7-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ophthalmologist		10b. KIND OF BUSINESS OR INDUSTRY Ophthalmologist	
11. BIRTHPLACE (City and state or country) Butler, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Albert Allen		13b. MOTHER'S MAIDEN NAME Maude Alice Porter	
14. NAME OF HUSBAND OR WIFE Ruth Melcher Quant		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Yes World War I	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Horace E. Allen, Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Lymphosarcoma, generalized</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 20 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		20g. COUNTY
20h. STATE		20i. DATE SIGNED	
21. I attended the deceased from June 1, 1961 to Feb 3, 1963 and last saw her alive on Feb 3, 1963 Death occurred at 6:58 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Signature or title) <i>Henry Twilley M.D.</i>	
22a. ADDRESS 16 E Tenth Columbia Mo		22b. DATE SIGNED 2-4-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Feb. 6, 1963	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. DATE RECD. BY LOCAL REG. Feb. 4 1963	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. REGISTRAR'S SIGNATURE Mr. R E Palmer	

FEB 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Donald L Roberts*

Licensed Embalmer No.

*4722*

P. O. Address

*Columbia MO.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.